

CHARTWELLS SPECIAL DIET REQUEST FORM

This form is to be completed by the parent / guardian or unit manager once a special diet menu is required and sent to the Chartwells special diet team

To ensure ultimate transparency this request form must be supported with medical correspondence or the request will not be processed. Parents / guardians should attach an up to date photograph of their child to help with identification. All information will be kept strictly confidential.

Please note there is a 3 week turnaround for all new special diet requests

PUPIL INFORMATION	
Pupil Name:	
Year Group/School:	
Allergies / Intolerances:	
PARENT INFORMATION	
Parent / Guardian name:	
Contact Telephone:	
CHARTWELLS INFORMATION:	
Unit Name & Number:	
Unit Manager:	
Contact Telephone:	
Regional Manager:	
Date Requested:	

SPECIAL DIET MENU APPROVAL

Once a proposed menu is received the parent / guardian should sign & date below to confirm approval of menu:

PRINT:

SIGN:

DATE:

*Please attach
a photograph
of your child
alternative a
copy can be
emailed.*